

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:40

DOCUMENT # M04000005141

1. Entity Name
MCCRORY DESIGN BUICK (DEL) LLC



Principal Place of Business
1632 PENNSYLVANIA AVE.
MIAMI BEACH, FL 33139

Mailing Address
1632 PENNSYLVANIA AVE.
MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

04132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
27-0110075

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINS, CRAIG
1632 PENNSYLVANIA AVE.
MIAMI BEACH, FL 33139

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROBINS, CRAIG
1632 PENNSYLVANIA AVE.
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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05/08/06--01016--003 **55.00

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MCCRORY DESIGN BUICK (DEL) INC. General Partner

4/17/06 305-531-8700

Craig Robins, President